

CLAIMS ONLY						Application Number <i>101670132</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/	/	/	/	/				
2	/	/	/	/	/				
3	/	/	/	/	/				
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46									
47									
48									
49									
50									
Total Indep	1		1						
Total Depend	17		20						
Total Claims	18		21						